

UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Indian Affairs
CREEK NATION EUFAULA DORMITORY
716 Swadley Drive
Eufaula, OK 74432
918/689-2522

STUDENT ENROLLMENT APPLICATION

Grade Applying For:_____

Failure to provide accurate information or falsification of information may result in your release from Creek Nation Eufaula Dormitory.

IDENTIFICATION: Social Security Number:_____

NAME OF STUDENT:_____

Last First Middle

Address: P. O. Box _____ Street_____

City_____ State_____ Zip Code_____

Date of Birth:_____ Place of Birth:_____

Month Day Year City State

Tribal Affiliation:_____ Degree Indian:_____ Enrollment Number_____

(A copy of your Certificate of Degree of Indian Blood must be attached.)

Sex: Male () Female () Religious Affiliation (Optional):_____

PARENT/GUARDIAN INFORMATION

With whom do you live: () Both Parents () Mother () Father () Other _____

Father Name:_____

Mother Name:_____

Address:_____

Address:_____

City:_____ State_____ Zip:_____

City:_____ State:_____ Zip:_____

Tribal Affiliation:_____

Tribal Affiliation:_____

Home Phone: () _____

Home Phone: () _____

Work Phone: () _____

Work Phone: () _____

Emer. Phone: () _____

Emer. Phone: () _____

Name of person/contract at emergency number:_____

(If the student does not live with either parent, complete the following information for the guardian. If the student is a ward of the court attach documents and provide information on the person responsible for the student. Students may not list themselves as guardians even if they are 18 or older.)

Guardian Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____

Signatures

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before this student is admitted.

Parent/Guardian Signature Date

I agree to support all program policies and procedures while my student is in attendance at Creek Nation Eufaula Dormitory.

Parent/Guardian Signature Date

I agree to abide by all program policies and procedures while I am in attendance at Creek Nation Eufaula Dormitory. I understand that violation of program rules may result in disciplinary action including release from school.

Student Signature Date

Consent for Drug Screening and/or Drug Testing

Creek Nation Eufaula Dormitory has a zero (0) tolerance Substance Abuse policy. In keeping with this policy, it may be necessary to do random drug screening or drug testing as needed while your child is here on the dormitory campus. My signature below indicates that I give consent for my child to receive drug screens at Creek Nation Eufaula Dormitory or if referred to Creek Nation Behavioral Health Services to submit to drug testing. Results from this screening will be confidential and known only to necessary staff and that I will receive results if requested.

Parent/Guardian Signature Date

Audio/Visual Release

Eufaula Dormitory photographs, videotapes or records students and activities for promotional purposes in the community (newspaper). If **you do not want** your child photographed, videotaped or recorded for any reason, please sign below.

Parent/Guardian Signature Date

NOTICE TO PARENT AND STUDENT

For reasonable cause and essential in assuring the health and safety of all students, Creek Nation Eufaula Dormitory staff, acting in loco parentis as legal custodians of the school property, may at their discretion exercise search and seizure activities. Such search and seizure activities shall be in compliance with 25 CFR - Part 42.3, (b), "Rights of the Individual Student".

Vandalism Policy: Creek Nation Eufaula Dormitory student and parents are hereby notified that all student acts of vandalism against the property of Creek Nation Eufaula Dormitory will be the financial responsibility of the student/family.

Shoplifting Policy: The store/vendor may demand full reimbursement and damages. The vendor demand letter will be forwarded to the student and parent/guardian.

BUREAU USE ONLY

A. I certify that the above student is _____ degree of Indian blood.

Signature of Agency Official

Title

Date

B. CRITERIA FOR BOARDING SCHOOL

Favorable action is recommended upon this application because this case conforms to the following criteria for boarding school or out of boundary enrollment. If this application is for an off-reservation boarding school and for social reasons, a social summary should accompany this application.

Check all applicable criteria.

EDUCATION FACTORS

Federal/public schools near student's home:

() Grade level not offered..

() Are severely overcrowded.

() Exceed 1 ½ mile walking distance to school or bus route.

() Do not offer special vocational - preparatory training necessary for gainful employment.

() Do not offer adequate provisions to meet academic deficiencies or linguistic/cultural differences.

() Receiving School offers special academic program needed by student.

SOCIAL FACTORS

In his/her family environment, the student:

() Was rejected or neglected.

() Does not receive adequate parental supervision.

() Well being was imperiled due to family behavioral problems.

() Has behavioral problems too difficult for solution by family or local resources.

() Has siblings or other close relative enrolled who would be adversely affected by separation.

Signed: _____
Signature of Social Services Official Date

Signed: _____
Signature of Education Official Date

C. School Application:

Approved: _____ Not Approved: _____

Principal/Registrar

Date